



US DEPARTMENT OF VETERANS AFFAIRS OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS BENEFITS ADMINISTRATION

VA Should Ensure Veterans' Records in the New Electronic Health System Are Reviewed before Deciding Benefits Claims

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Executive Summary

In May 2018, the Department of Veterans Affairs (VA) awarded the Cerner Corporation a contract to replace its electronic health record systems.¹ VA planned to roll out the new system at its Veterans Health Administration (VHA) facilities across the country over the course of several years while maintaining and supporting its legacy systems until they are no longer needed.² VA's implementation of the new electronic health record (EHR) system, however, has been plagued by significant problems that have put patients and its healthcare operations at risk, as addressed in at least 14 VA Office of Inspector General (OIG) reports.³ This has resulted in relatively few facilities using the new system. To establish a reset and address ongoing issues with the multiyear deployment, rollouts in other facilities had been paused as of April 2023. Although only five facilities and related clinics had deployed the new system, 132,770 unique veterans had medical data in the new system as of August 23, 2022. While prior OIG reports have focused on the new system's impact on healthcare delivery and patient safety in these early-adopting sites, this review focuses on Veterans Benefits Administration (VBA) staff's access to all the records in the new system.

VBA staff need access to the full range of VHA records for proper claims processing.⁴ Deploying the new system in medical facilities can make it more complicated for VBA personnel to fulfill their duty to accurately process claims, which requires access to veterans' electronic health records held by VHA facilities. VA has a legal duty to assist veterans with obtaining federal records, including those from VA medical facilities.⁵ When claims processors miss reviewing all records, the failure may affect the monthly payments veterans receive because the risk increases that not all evidence of record was considered before deciding the claim for benefits.⁶

In October 2020, VBA officials emailed a national memo instructing claims processors to search for, identify, and "flash" claims from veterans with records in the new EHR system for proper

¹ Cerner Millennium is referred to as the new electronic health record (EHR) system throughout this report.

² One of these legacy systems is VistA, or Veterans Health Information Systems and Technology Architecture. VistA is VA's current EHR system.

³ [Hearing on VA's Electronic Health Record Modernization: An Update on Rollout, Cost, and Schedule](#), Before the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, Senate Appropriations Committee, 117th Cong. (Sept. 21, 2022) (statement of David Case, Deputy Inspector General, VA Office of Inspector General). Additional reports are in progress.

⁴ VBA has distinct requirements for accessing records that include facilitating comprehensive retrieval, review, and association with the electronic claims folder. One of VBA's goals is to establish access in the new system to support a wide range of business needs affecting benefits awards and maintenance.

⁵ 38 C.F.R. § 3.159 (2022).

⁶ VBA calls this decision on a claim a "rating decision." VA Manual M21-1, "General Information on the Rating Activity," chap. 1 in *Adjudication Procedures Manual*, June 30, 2020.

routing to specially trained staff at certain locations with access to those records.⁷ The OIG conducted this review to assess whether claims processors adhered to VBA guidance for identifying and routing claims submitted by veterans whose records are in the new system to ensure all relevant evidence from their health records was considered in making a determination for benefits.

What the Review Found

The review team found that 21,057 rating decisions were completed for veterans with medical data in the new system from August 1, 2021, through July 31, 2022. Of those, 5,605 claims (27 percent) were either missing an “EHRM Pilot” flash or the flash was added after the date staff decided the claim. The team reviewed a judgmental sample of 30 of these 5,605 rating decisions to determine if the missing flashes affected veterans’ benefits.⁸ Where a flash was missing or added later within the sample, the OIG found that the missing flashes did not affect veterans’ benefits.

The team used VA electronic systems to review the sample claims folders and relevant documentation. That review helped the team assess whether VBA staff identified veterans with records in the new system. The sample comprised rating decisions because that step poses the greatest risk for error when rating veterans service representatives must assure VA’s duty to assist is met in considering all available evidence in the new system. The team also interviewed VBA staff and veterans service organization representatives regarding the process. Appendix B provides additional details on the review’s scope and methodology.

The OIG found VBA’s routing guidance memo was not consistently followed as some staff were largely unaware of it and failed to identify and review records from the new EHR system for veterans who submitted claims. Although no effects on benefits were found in the 30-case sample, generally VA has a duty to assist veterans in developing their claims and such errors could affect veterans’ disability compensation and other benefits when claims processors do not consider all relevant evidence in their decisions as required. Missing flashes create a risk that claims processors will not consider all evidence when deciding claims, which can affect the benefits veterans receive. Some VBA staff were not aware of the guidance about using a flash to

⁷ VBA Office of Field Operations, “Electronic Health Record Modernization (EHRM) Routing Guidance,” memorandums to the district offices, September 20, 2020. Flashes are markers placed on a veteran’s electronic claims file of an attribute, fact, or status unlikely to change. They can either be automatically generated by the system or managed manually by a user. Manually applied flashes must be identified and updated when applicable. Flashes enable the automatic routing of claims. See appendix A for the text of the memorandum.

⁸ The review team used a judgmental sample to state a conclusion about the reviewed items only and not to make a generalized conclusion about a broader project population. The judgmental sample was used to determine if the missing flashes affected veterans’ benefits. It is important to note that, though the sample number was 30, an individual veteran may have more than one rating decision associated with a specific claim or have more than one claim in the sample.

identify and route these claims to reviewers who have access to the new system. For example, some claims processors said they did not recall receiving the email with the new routing guidance. Further, the memo was considered intermediate guidance from the start, and the *Adjudication Procedures Manual*, which claims processors use as a general guide, did not explain how to route claims involving records from the new system.⁹ VBA's guidance also did not promote accountability for failing to check for the existence of records in the new EHR system. Although the *Adjudication Procedures Manual* says claims processors must search for relevant records at all VHA facilities and associate them with the claims folder, VA Manual 21-4 (also relating to claims processing) did not align with the *Adjudication Procedures Manual* to hold staff accountable for failing to add a flash when required because such an error was not subject to quality review.¹⁰

VBA leaders have an obligation to ensure that all claims from veterans with records in the new system are properly decided by VBA-specified employees with access to those records. VBA decision makers also are responsible for making certain that staff satisfy the duty to assist veterans in obtaining all evidence of record, including relevant VA medical records, before deciding a claim.¹¹ If this is not done, veterans may not receive the benefits to which they are entitled. Therefore, the OIG concluded VBA should strengthen its oversight of the process to confirm a flash is applied to all claims from veterans with records in the new system.

What the OIG Recommended

The OIG made two recommendations to the under secretary for benefits to improve VBA staff's understanding of what to do with claims involving records in the new system, both regarding training and written guidance, and strengthening oversight of such claims by clarifying that staff are accountable for errors.

⁹ VA Manual 21-1, "EHRM and Special Claims Processing," chap. 1 in *Adjudications Procedures Manual*, July 28, 2022, June 24, 2022, and September 30, 2021.

¹⁰ VA Manual 21-1, "Conducting an Enterprise Search in CAPRI," chap. 1 in *Adjudication Procedures Manual*, July 28, 2022, June 24, 2022, September 30, 2021, and June 24, 2021; VA Manual 21-4, "VSR Review Elements," chap. 6, January 26, 2022; VA Manual 21-4, "Systems Compliance Errors—Corporate Flashes," chap. 6, January 26, 2022. (Manual 21-4 does not have a formal title. It prescribes and discusses workload and staffing controls applicable to compensation, pension, and fiduciary activities in regional offices. This manual also describes tools and strategies available to field managers to assist in assessing the level of service afforded to claimants.)

¹¹ VA Manual 21-1, "Duty to Assist Review by the Rating Activity," chap. 1 in *Adjudication Procedures Manual*, October 20, 2022, and September 15, 2021. The rating activity is responsible for decisions. Each regional office contains a rating (or functionally similar) activity.

VA Comments and OIG Response

The under secretary for benefits concurred with the OIG's findings and recommendations and provided adequate corrective responses. He agreed under recommendation 1 to provide training materials on the Electronic Health Record Modernization National Process Memorandum to all appropriate claims processors through the Talent Management System for the target completion date of March 31, 2024.¹² Moreover, VBA will apply an evaluation system to assess learners' knowledge and the effectiveness of the training. For recommendation 2, VBA plans to update by July 31, 2023, its Manual 21-4 to require claims processors to search the Compensation and Pension Records Interchange (CAPRI) system and "upload relevant records even if the claimant does not identify specific treatment at a VA Medical Center." The OIG will monitor implementation of the recommendations until all stated actions are documented as completed. Appendix C provides the full text of the under secretary's comments.



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¹² The Talent Management System (TMS) is the VA system of record for all VA training data.

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Abbreviations

CAPRI	Compensation and Pension Records Interchange
EHR	electronic health record
EHRM	Electronic Health Record Modernization
JLV	Joint Longitudinal Viewer
OIG	Office of Inspector General
VBA	Veterans Benefits Administration
VBMS	Veterans Benefits Management System
VHA	Veterans Health Administration
VistA	Veterans Health Information Systems and Technology Architecture



Introduction

In May 2018, VA awarded the Cerner Corporation a contract to replace its electronic health record systems with Cerner Millennium.¹³ The planned rollout of the system was recently paused on April 21, 2023, to reset and address ongoing issues with the multiyear deployment. The Veterans Health Administration's (VHA) implementation of the new system has been fraught with deficiencies that have been outlined in a series of at least 14 oversight reports by the VA Office of Inspector General (OIG).¹⁴ Although those reports have focused primarily on the new system's impact on healthcare providers and their patients, the new electronic health record (EHR) system also affects the Veterans Benefits Administration (VBA), which relies on access to this information to make decisions on disability claims and other benefits. This review focuses on how claims processors are accessing information needed from the new system used by the five early-adopting medical facilities and related clinics to help ensure eligible veterans and other beneficiaries receive the disability compensation and services for which they are qualified.¹⁵

VBA provides veterans with tax-free monthly compensation benefits for disabilities caused by diseases or injuries incurred or aggravated during active military service.¹⁶ Submission of a "substantially complete claim" triggers VA's legal duty to assist veterans with obtaining relevant federal records.¹⁷ These federal records include patient health records from VA medical facilities. That duty requires that claims processors identify, obtain, and then consider all evidence of record when deciding a claim for benefits—what VBA terms a "rating decision."¹⁸

¹³ Cerner Millennium is referred to as the new electronic health record (EHR) system throughout this report. VA transitioned the Electronic Health Record Modernization (EHRM) program to the EHRM Integration Office on December 20, 2021. Cerner's purchase by Oracle was announced on December 20, 2021, and is now called Oracle Cerner. VA planned to roll out the new system at its Veterans Health Administration (VHA) facilities across the country over the course of several years while maintaining and supporting its legacy systems until they are no longer needed. One of these legacy systems, called Veterans Health Information Systems Technology Architecture (Vista), is VA's current EHR system.

¹⁴ [Hearing on VA's Electronic Health Record Modernization: An Update on Rollout, Cost, and Schedule](#), Before the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies, Senate Appropriations Committee, 117th Cong. (Sept. 21, 2022) (statement of David Case, Deputy Inspector General, VA Office of Inspector General). Additional reports are in progress.

¹⁵ The new EHR system deployment information was last updated January 2023 with locations and go-live dates and then paused in April 2023. Prior deployments have been conducted at Mann-Grandstaff VA Medical Center in Spokane, Washington, on October 24, 2020; Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla, Washington, on March 26, 2022; VA Central Ohio Healthcare System in Columbus, Ohio, on April 30, 2022; Roseburg VA Health Care System in Roseburg, Oregon, on June 11, 2022; and VA Southern Oregon Rehabilitation Center and Clinics in White City, Oregon, also on June 11, 2022.

¹⁶ "Compensation" (web page), VA Veterans Benefits Administration, accessed February 21, 2023, <https://www.benefits.va.gov/compensation/index.asp>.

¹⁷ 38 C.F.R. § 3.159 (2022).

¹⁸ VA Manual M21-1, "General Information on the Rating Activity," chap. 1 in *Adjudication Procedures Manual*, June 30, 2020.

Deploying the new EHR system can make it more complicated for VBA staff to ensure all relevant records held by VHA medical facilities are considered before making a claims decision. Missed records may affect whether, or in what amount, veterans receive monthly payments. Accordingly, the OIG examined staff compliance with VBA guidance for identifying claims submitted by veterans with records in the new system and routing them to specially trained VBA staff with access to those records to ensure all relevant evidence was considered.

Process For Handling Records in the New Electronic System

Per VBA policy, claims processors must use the Compensation and Pension Records Interchange (CAPRI) system to search for relevant records at all VHA facilities and associate relevant records with the claims folder.¹⁹ CAPRI provides access to veterans' electronic medical records in the VHA legacy system, Veterans Health Information Systems and Technology Architecture (VistA). CAPRI search results also show the existence of health records in VA's new EHR system. However, claims processors must use a separate application to retrieve records from the new system.²⁰

VA operates 56 regional offices and three decision review operations centers.²¹ As of March 16, 2023, only some claims processors at 10 VBA offices could access health records in both the new system and CAPRI. The pilot sites are Muskogee, Oklahoma; Seattle, Washington; Washington, DC; St. Petersburg, Florida; Jackson, Mississippi; Louisville, Kentucky; Pittsburgh, Pennsylvania; Providence, Rhode Island; St. Paul, Minnesota; and Waco, Texas. These claims processors have received special training on the new EHR system through an instructor-led course and have passed a proficiency check.

To ensure claims processors have access to all relevant records, on October 20, 2020, VBA officials emailed a memo to district offices instructing processors to search for, identify, and "flash" claims submitted by veterans with records in the new system for specially trained staff to

¹⁹ VA Manual 21-1, "Conducting an Enterprise Search in CAPRI," chap. 1 in *Adjudication Procedures Manual*, July 28, 2022, June 24, 2022, and September 30, 2021; VBA Office of Field Operations, "Electronic Health Record Modernization (EHRM) Routing Guidance," memorandums to the district offices, September 20, 2020. One of VBA's goals is to establish access in the new system to support a wide range of business needs affecting benefits awards and maintenance.

²⁰ VBA Office of Field Operations, "Electronic Health Record Modernization (EHRM) Routing Guidance," memorandum to the district offices, June 7, 2022.

²¹ VA Functional Organization Manual Version 7, September 30, 2021.

review at the pilot sites.²² Flash is the VBA term for placing an electronic marker on the claim file.

Specifically, if the CAPRI search results show health records in the new system, processors must manually apply an “EHRM Pilot” electronic flash on the claim file in the Veterans Benefits Management System (VBMS) to identify it for proper routing.²³ Without the flash, claims processors cannot access relevant records from the new system, which could result in veterans not receiving benefits to which they are entitled.

District officials were instructed to respond to the emailed memo to confirm they had shared this information with all claims processors by October 26, 2020. All districts responded on time.

²² VBA Office of Field Operations, “Electronic Health Record Modernization (EHRM) Routing Guidance,” memorandum to the district offices, September 20, 2020. See appendix A for the full text of the memorandum. The memo was considered intermediate guidance from the start. Flashes are markers placed on a veteran’s electronic claims file of an attribute, fact, or status unlikely to change. They can either be automatically generated by the system or managed manually by a user. Manually applied flashes must be identified and updated when applicable. Flashes enable the automatic routing of claims.

²³ VBA Office of Field Operations, “Electronic Health Record Modernization (EHRM) Routing Guidance,” memorandums to the district offices, September 20, 2020.

Results and Recommendations

Finding: VBA Can Improve Oversight to Help Ensure Staff Identify and Review New Electronic Health System Records before Deciding Benefits Claims

The OIG found that of the rating decisions completed from August 1, 2021, through July 31, 2022, for claims from veterans with records in the new system, 27 percent were either missing the required “EHRM Pilot” flash or the flash was added after staff decided the claim.

Some claims processors interviewed by the OIG team were not aware of the routing guidance that required a flash for these claims. This may be due, in part, to the routing process explained in the memo not being included in the *Adjudication Procedures Manual*, which claims processors use as a general guide.

Although the *Adjudication Procedures Manual* says claims processors must search for relevant records at all VHA facilities and associate them with the claims folder, one of the quality review checklists in VA Manual 21-4 notes that staff will not be held accountable for identifying and uploading records if a veteran did not identify them.²⁴ Accordingly there was no process in the latter manual to hold claims processors accountable for missing flashes because doing so was not an error subject to quality review.²⁵

These flashes are necessary to make certain that claims processors with access to all relevant health records review the claim. Other claims processors without such access cannot consider all relevant evidence in their decisions. The team reviewed a judgmental sample of 30 rating decisions where a flash was missing or added later and found that in those instances the missing flashes did not affect veterans' benefits.

The finding is based on the following determinations:

- Some veterans' claims were decided without considering information from the new EHR system.
- Missing flashes increase the risk for inaccurately determining veterans' benefits.
- VBA can strengthen oversight of the flash process.

²⁴ VA Manual 21-4 prescribes and discusses workload and staffing controls applicable to compensation, pension, and fiduciary activities in regional offices. This manual also describes tools and strategies available to field managers to assist in assessing the level of service afforded to claimants.

²⁵ VA Manual 21-1, “Conducting an Enterprise Search in CAPRI,” chap. 1 in *Adjudication Procedures Manual*, July 28, 2022, June 24, 2022, September 30, 2021, and June 24, 2021; VA Manual 21-4, “VSR Review Elements,” chap. 6, January 26, 2022; VA Manual 21-4, “Systems Compliance Errors—Corporate Flashes,” chap. 6, January 26, 2022.

What the OIG Did

As of August 23, 2022, there were 132,770 unique veterans that had medical data in the new EHR system. There were 21,057 of these patients who also had rating decisions (associated with closed end products) completed during the review period from August 1, 2021, through July 31, 2022.²⁶

The team used VBA's electronic systems, including VBMS, to review a sample of veterans' electronic claims folders and relevant documentation to assess whether VBA staff identified veterans with health records in the new system. The team examined a judgmental sample of 30 decisions where a flash was missing or added later to determine if the missing flashes affected veterans' benefits.²⁷ Each sampled action was a rating decision, as these types of determinations carry the highest risk. When making rating decisions, rating veterans service representatives are responsible for assuring VA's duty to assist is met.

The team interviewed VBA staff at the VA central office and also questioned staff and managers at the following VBA offices: Muskogee, Oklahoma; Seattle, Washington; and Winston-Salem, North Carolina. The team also interviewed representatives from the Oklahoma Department of Veterans Affairs and the following veterans service organizations: American Legion, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars. Through structured interviews, the review team was able to obtain a better understanding from stakeholders regarding policy interpretation and their knowledge of the routing guidance memorandum. Appendix B provides additional details on the review's scope and methodology.

Some Veterans' Claims Were Decided without Considering Information from the New Electronic Health Record System

VA guidance requires claims processors to search for, identify, and apply the "EHRM Pilot" flash to all claims for veterans with medical records in the new system.²⁸ Of the 21,057 rating decisions completed during the review period for veterans with data in the new system, 5,605 claims (27 percent) were either missing a flash or the flash was added after the claim was decided.

²⁶ The end-product system is VBA's primary workload monitoring and management tool. Its correct use facilitates proper control of pending workload and appropriate work measurement credit. VA Manual 21-4, "Correct EP Use and Work Measurement," app. B. in M21-4 Manual, November 9, 2020, sec. B.1.a. An end product will not be "cleared" or closed until all issues raised by the claim have been resolved.

²⁷ The review team used a judgmental sample to state a conclusion about the reviewed items only and not to make a generalized conclusion about a broader project population. The judgmental sample was used to determine if the missing flashes affected veterans' benefits. It is important to note that, though the sample number was 30, an individual veteran may have more than one rating decision associated with a specific claim or have more than one claim in the sample.

²⁸ VA Manual 21-1, "Corporate Flashes," chap. 2 in *Adjudication Procedures Manual*, September 9, 2022.

The review team examined 30 of these 5,605 decisions and confirmed that none of them had a flash on the date of the decision. One had a flash that was added after the decision date. Without these required flashes, claims are not being routed to processors with access to all potentially relevant records, which could lead to incorrect decisions. Examples 1 and 2 illustrate decisions that were made on claims that did not have a flash.

Example 1

A veteran's date of claim for disability compensation was May 20, 2022, and a decision was made on May 26, 2022. However, the OIG identified health records in the new system as early as May 3, 2022, from the VA Central Ohio Health Care System. Because the "EHRM Pilot" flash was missing from the veteran's electronic claims file, the health records were not considered in the claim decision. However, in this instance, the missing information did not affect the veteran's benefit entitlement.

Example 2

A veteran filed a claim requesting an increase in benefits related to a military service-connected shoulder condition. VBA received the claim on May 31, 2022, but did not apply the required flash. Relevant medical data from the new EHR system dated May 5, 2022, from the VA Central Ohio Health Care System would have supported an increased evaluation from 10 percent to 20 percent disabled. A rating decision dated June 23, 2022, deferred the shoulder evaluation for a VA examination, and a subsequent rating decision made on July 15, 2022, increased the left shoulder evaluation to 20 percent disabling effective May 31, 2022, based on painful motion noted during the VA examination. The "EHRM Pilot" flash was missing from the veteran's electronic claims file at the time of both decisions; thus, these claims processors did not review the medical records in the new system. Although the review team did not find a benefit entitlement error, the effective date for an increased evaluation for the shoulder should have been May 5, 2022, not May 31, 2022.²⁹

Missing Flashes Increase the Risk for Inaccurately Determining Veterans' Benefits

VA has a duty to assist veterans with obtaining federal records, including medical records from military service and from VA facilities, and to ensure that these records are associated with the electronic claims folder.³⁰ VBA claims processors must attempt to obtain relevant medical

²⁹ 38 C.F.R. § 3.31 (2022).

³⁰ 38 C.F.R. § 3.159 (c).

records, including those in the new system, and are responsible for reviewing the evidence of record to ensure that VA's duty to assist has been satisfied before deciding the claim.³¹

VBA created the flash process to help ensure claims processors identify relevant medical records in the new system and mark these claims for review at VBA pilot sites that can access these records. As figure 1 illustrates, missing flashes create a risk that claims processors will not consider all evidence when deciding claims, which can affect the benefits veterans receive.



Figure 1. Routing of claims with new electronic health records.

Source: VA OIG analysis.

³¹ VA Manual 21-1, “Pre-Rating Review of Claims by the Rating Activity,” chap. 1 in *Adjudication Procedures Manual*, October 20, 2022; VA Manual 21-1, “General Information on the Rating Activity,” chap. 1 in *Adjudication Procedure Manual*, April 18, 2022. Relevant records for the purpose of the duty to assist are those that relate to the disability or injury for which the claimant is seeking benefits and have a reasonable possibility of helping to substantiate the claim.

VBA Can Strengthen Oversight of the Flash Process

Because VBA has a duty to ensure all relevant records are considered when deciding a claim, effective oversight of the flash process with proper routing would help in fulfilling that obligation.³²

Some VBA Staff Said They Were Unaware of the Routing Guidance Memo

As previously mentioned, VBA's Office of Field Operations emailed a memo detailing the routing guidance to district offices and required them to confirm the information was shared with all claims processors. Although all districts confirmed that they had shared the new guidance, the review team interviewed more than a dozen managers and employees who indicated that they were unaware of the memo. However, when the team asked two of these individuals to conduct an email search for "EHRM," they found multiple communications related to the memo.

The Routing Guidance Memo Remains Relevant for Proper Processing

Only some of the medical records from the new system are available in the Joint Longitudinal Viewer (JLV).³³ It is a browser-based user interface that provides an integrated, read-only view of electronic health record data from VA, the Department of Defense, and community partners within a single application. Users with access to CAPRI (the compensation and pension system mentioned earlier) can also access JLV. On June 15, 2022, a management and program analyst with the VA Office of Health Informatics advised the OIG team that those records had been available in JLV since March 4, 2021. However, an open defect on the Cerner side prevented some of the notes and documentation from opening.³⁴ The analyst stated that "JLV built special logging code to track which notes fail and we report those to Cerner every week to be fixed." However, after more than one year, staff continued to experience issues with some documents in the new system that cannot be opened from JLV. VBA's manual guidance as recently as July 2022 indicated some records in the new system will not be accessible through CAPRI or JLV.³⁵ However, in May 2023, this section of the manual was updated indicating that although these

³² GAO, *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

³³ Created from a joint Department of Defense–VA venture called JANUS, JLV was directed in early 2013 to further support interoperability between the two departments.

³⁴ Specifically, PowerForms would not open, which is a type of documentation in Cerner products used to capture discrete data via radio buttons, check boxes, and text fields with parameters. Veterans Health Administration, "JLV TIP OF THE WEEK," January 12, 2021.

³⁵ VA Manual 21-1, "Electronic Record Keeping of Treatment at VAMCs," chap. 1 in *Adjudication Procedures Manual*, July 28, 2022, June 24, 2022, and September 30, 2021.

new records will not be available in CAPRI, their equivalents can be obtained through JLV.³⁶ VA is working on a new application to allow VBA staff to access and download these records into VBMS.

This effort is being overseen by VA's Office of Business Integration's Benefits System Management division, which provides program management to enable the seamless delivery of the new EHR system to VBA personnel with the need to access it. According to an analyst interviewed in November 2022, the office is developing the Chart Search application to allow VBA staff to access and download both Cerner and CAPRI records into VBMS. Development is in a preliminary testing phase and reportedly will be rolled out in 2023 to the pilot locations, then expanded to the remaining locations over 10 months. In May 2023, a manager advised that the anticipated rollout to pilot locations scheduled for February 2023 did not occur and is now expected to happen in early fiscal year 2024. The routing guidance memo will remain relevant until Chart Search is fully implemented.

Accordingly, the OIG's first recommendation addresses the need for VA to conduct national refresher training on the claims routing guidance memo and assess its effectiveness.

The New Routing Guidance Was Not Included in the *Adjudication Procedures Manual*

The purpose of VBA's *Adjudication Procedures Manual* is to summarize or restate in plain language the applicable law, clarify any ambiguities, and describe the adjudication process in a way that is easy to understand and apply.³⁷ The manual states that claims processors must follow the routing guidance memo when a pending claim involves medical treatment at a site using the new system.³⁸

The review team interviewed several VBA managers and employees at multiple regional offices who confirmed that the procedures manual does not include the flash instructions in the routing guidance memo, nor does it link to the memo. A program analyst responsible for editing the manual noted that VBA does not add interim guidance to the manual because the guidance is subject to change. The review team spoke with several managers and staff who stated that updating the manual to reflect the contents of the memo would be helpful.

On May 1, 2023, VBA reissued the "Electronic Health Record Modernization (EHRM) Routing Guidance" memorandum, placing it on the interim guidance intranet website while

³⁶ VA Manual 21-1, "Electronic Record Keeping of Treatment at VAMCs," chap. 1 in *Adjudication Procedures Manual*, May 1, 2023. There is no clear definition of what is meant by "equivalents" in the manual update. In addition, there is no indication that the "equivalents" in JLV are sufficient.

³⁷ VA Manual 21-1, "Prologue," in *Adjudications Procedures Manual*, August 9, 2022.

³⁸ VA Manual 21-1, "EHRM and Special Claims Processing," chap. 1 in *Adjudications Procedures Manual*, July 28, 2022, June 24, 2022, and September 30, 2021.

contemporaneously updating the *Adjudication Procedures Manual* to include a link to that internal site.³⁹ An internal controls and risk management officer indicated this action was tied to findings and recommendations that the OIG shared during this review. Because VBA has taken steps to address this issue, the OIG did not make any recommendation to update the manual to include the memo's contents and ensure staff are advised of the changes.

VBA Guidance Did Not Include Compliance or Accountability Measures

The *Adjudication Procedures Manual* says claims processors must use the CAPRI system to search for relevant records at all VHA facilities and associate the relevant records with the claims folder.⁴⁰ However, in the course of the team's review, it identified that one of the quality review checklists for claims processors in VA Manual 21-4 notes that staff will not be held accountable for identifying and uploading records if a veteran did not identify them.⁴¹ The review team interviewed several VBA managers and staff at multiple offices who said the VA Manual 21-4 quality review checklist should be updated to hold staff accountable for not conducting a search when required by the *Adjudication Procedures Manual*.

A senior quality review specialist with VBA's Quality Assurance office told the team that claims processors would only be cited for errors if veterans directed VBA to VHA facility records and the claims processors then failed to obtain them, based on a 2018 ruling by the US Court of Appeals for Veterans Claims in *Turner v. Shulkin*.⁴² The OIG concluded that a failure to flash the electronic claim file when evidence in CAPRI shows records exist in the new system means that a search was not conducted.

During this review, the missing "EHRM Pilot" flash was not currently considered a system compliance error subject to quality review in VA Manual 21-4.⁴³ The quality assurance officer noted this had not been an enforcement issue for his office. The review team interviewed several VBA managers and employees at multiple offices who agreed that missing flashes should be added as an error on quality review checklists. A senior quality review specialist had also recommended that VA Manual 21-4 be updated to define missing flashes as compliance errors.

³⁹ VA Manual 21-1, "Requesting Evidence From Federal Record Custodians" chap. 1 in *Adjudications Procedures Manual*, May 1, 2023.

⁴⁰ VA Manual 21-1, "Conducting an Enterprise Search in CAPRI," chap. 1 in *Adjudication Procedures Manual* July 28, 2022, June 24, 2022, and September 30, 2021; VBA Office of Field Operations, "Electronic Health Record Modernization (EHRM) Routing Guidance," memorandums to the district offices, September 20, 2020, and June 7, 2022.

⁴¹ VA Manual 21-4, "VSR Review Elements," chap. 6, January 26, 2022.

⁴² *Turner v. Shulkin*, 29 Vet.App. 207 (February 8, 2018).

⁴³ VA Manual 21-4, "Systems Compliance Errors—Corporate Flashes," chap. 6, January 26, 2022.

On March 30, 2023, the manual reference was updated to show a missing “EHRM Pilot” flash is now a systems compliance error if this flash was required but not affixed. An internal controls and risk management officer subsequently indicated this action was tied to findings and recommendations that OIG staff also shared during the course of the review. Because VBA has taken steps to address the issue, the OIG did not make an additional recommendation in this report to update VA Manual 21-4 to reflect a missing flash as an error.⁴⁴

As to the larger issue of whether failure to check all evidence should be considered a reportable error upon review, even if there has been no impact on the benefits in the sample, the OIG contends that VBA should consider a change to the quality assurance measures in VA Manual 21-4 to align more closely with the adjudication manual. The quality assurance officer told the team that quality reviews are outcome-determinative, meaning that if any VA medical records were missed, and those records do not affect the outcome of a claim, it would not be a critical error. He said quality reviews do not include ensuring all relevant records from CAPRI are uploaded and considered. However, the OIG found that this practice is not in keeping with current law that requires all records to be considered by VA; any records missed in making a decision would be an error regardless of the claim outcome or whether the veteran directed attention to those records.⁴⁵

After a briefing by the team, the quality assurance officer indicated his office is “actively looking at this from a quality perspective” to determine if quality assurance staff should be instructed to cite critical errors when records are not obtained but are in VA custody. He agreed that it appears the current position does conflict with both VBA guidance and current law.

The quality assurance officer indicated that his staff have no specific role with respect to the new system and have not performed a special focused review on this topic. He also indicated that neither he nor his staff have access to the new system. The OIG concluded that based on their lack of access, quality assurance staff would be unable to determine if benefits entitlement is affected unless they obtain and review those health records for relevancy.

Recommendation 2 calls on VBA to consider updating VA Manual 21-4 to reflect compliance with the *Adjudication Procedures Manual* in circumstances that require an enterprise-wide search in the CAPRI system and ensure staff are advised of the changes.

⁴⁴ VA Manual 21-4, “Systems Compliance Errors—Corporate Flashes”, chap. 6, March 30, 2023.

⁴⁵ *Lang v. Wilkie*, 971 F.3d 1348 (August 19, 2020); *Bell v. Derwinski*, 2 Vet. App. 611, 613 (1992). But see 38 C.F.R. § 3.103. In *Lang*, the U.S. Court of Appeals for the Federal Circuit abrogated the 2018 *Turner* decision relied on by VBA’s Quality Assurance office (as described above) and held that VA must apply the 1992 *Bell* rule, which says all VA-created records are considered constructively received by VA simply by being VA records. VA enacted 38 CFR 3.103(c)(2)(iii) in 2019 in accordance with the *Turner* decision (instead of the governing *Bell* rule) set out by *Lang* that further notes, “[t]he Veterans Court has never...required that a veteran, or anyone else, take affirmative action for the veteran’s own VA-generated medical records to become part of the record.”

Conclusion

VBA leaders have an obligation to ensure that all benefits claims from veterans with medical records in the new electronic health record system are properly decided by specially trained processors at designated locations with access to those records. The OIG found this was not always the case because some staff were unaware of the routing guidance memo; policy guidance lacked accountability; and VBA needed specific controls to ensure accuracy. VA decision makers also are responsible for ensuring that the duty to assist has been satisfied before proceeding to a decision by reviewing all evidence of record. Thus, VBA should take steps to ensure an “EHRM Pilot” flash is applied to all claims from veterans with medical records in the new system.

Recommendations 1 and 2

The OIG recommended the under secretary for benefits take the following actions:

1. Conduct national refresher training on the Electronic Health Record Modernization National Process Memorandum and assess training effectiveness.
2. Consider updating VA Manual 21-4 to reflect that quality assurance measures include addressing failures to consider all Veterans Health Administration records as directed in the *Adjudication Procedures Manual* that are subject to an enterprise-wide search in the Compensation and Pension Records Interchange system whether or not directed to those records by the claimant and ensure staff are advised of the changes.

VA Management Comments

The under secretary for benefits concurred with recommendations 1 and 2. Appendix C provides the full text of the under secretary's comments.

To address recommendation 1, the under secretary said VBA would provide training materials on the Electronic Health Record Modernization National Process Memorandum to all appropriate claims processors through the Talent Management System.⁴⁶ VBA will also include an evaluation for learners to assess their knowledge and the training effectiveness. Completion is planned for March 31, 2024.

To address recommendation 2, the under secretary said VBA will update VA Manual 21-4 to require claims processors to search CAPRI and upload relevant records even if the claimant does not identify specific treatment at a VA Medical Center. The target completion date is July 31, 2023.

⁴⁶ The Talent Management System (TMS) is the VA system of record for all VA training data.

OIG Response

The under secretary provided adequate responses to the recommendations. The OIG will monitor implementation of the recommendations until all stated actions are documented as completed.

Appendix A: VBA Routing Guidance Memorandum

**Department of
Veterans Affairs**

Memorandum

Date: September 1, 2020
From: Veterans Benefits Administration (20)
Subj: Electronic Health Record Modernization (EHRM) Routing Guidance
To: All Veterans Benefits Administration (VBA) Regional Offices (ROs) and Centers

Background Information

VA is transitioning from its current electronic health record (EHR) system, VistA, the software that stores health information and tracks all aspects of patient care - to a new system developed by Cerner that will link in with the Department of Defense's (DoD) patient records and unify all VA/DoD facilities on one system. The program that will manage VA's steady transition over the next eight (8) years to the new EHR is called Electronic Health Record Modernization (EHRM). The roll-out begins at the Mann-Grandstaff VA medical center (VAMC) in Spokane, WA on October 24, 2020. Additional VAMCs are scheduled to switch to EHRM in Spring 2021, however those dates are tentative and will be shared once formalized. VA employee-oriented functionality improvements/enhancements are under development for deployment in 2021.

When a VAMC switches to the Cerner EHRM system, new clinical records will not be entered into VistA and will not be accessible through CAPRI. Claims processors will need to use a separate Cerner application to access the EHRM system for medical records retrieval and C&P examination requests, however, any records entered into VistA pre-conversion will still be accessed via CAPRI.

To minimize impacts to field users and to the Veteran experience, a pilot group of users located in the Muskogee regional office (RO) and select special mission sites will be granted access to the Cerner EHRM systems. VBA pilot users will be required to access VHA records in two systems, in Cerner EHRM applications for post go-live records at converted sites and CAPRI for historical records and non-converted sites. Non-pilot users will utilize procedures outlined in this document to ensure proper systems compliance and routing of claims to appropriate pilot sites.

Purpose

This memorandum provides guidance to ROs to ensure VBA can identify and route claims impacted by EHRM to the VBA pilot site(s) (Muskogee RO and multiple special mission sites). Impacted claims will be routed the National Work Queue (NWQ) based on a unique Veteran-level corporate flash.

Effective immediately and until further notice:

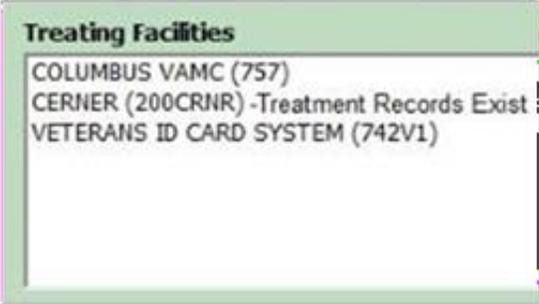
- VBA users will review the result of the
 - Enterprise Search capability in CAPRI to determine if medical records exist within the EHRM system, and
 - ERRA tool (Exam Request Routing Assistance) output to determine if an examination request is warranted at an EHRM Cerner converted site.
- VBA users will add the “*EHRM Pilot*” Veteran-level corporate flash in all cases where the need to access Cerner EHRM systems is indicated. The corporate flash will remain until notice is provided that specialized pilot routing is no longer required. NWQ will route the claim to the pilot or special mission sites appropriately based on the flash.
- ROs will proceed to:
 - complete all relevant development (await responses for evidence on all claimed conditions before determining if exams are warranted), and
 - follow the [Medical Disability Exam \(MDE\) Program Office COVID Exams Guidance](#) (until guidance is rescinded) that permits splitting of exam requests between VHA and contract vendors to determine where an exam will take place. Subsequent actions to take based on ERRA results will be discussed in the table below.
- Updated guidance will be provided as additional VAMCs are converted to the Cerner EHRM systems.

Instructions for Identification and Routing of EHRM Impacted Claims to EHRM Pilot Sites.

Claims processors must complete an Enterprise medical records search in CAPRI to identify records in possession of VHA, even if the Veteran does not indicate VAMC treatment. Claims processors must also utilize ERRA in all cases where an exam is warranted to determine proper jurisdiction. It is important to note that the Enterprise search will display one of two possible results pertaining to converted sites.

- *CERNER (200CRNR)*.
- *CERNER (200CRNR) – Treatment Records Exist*.

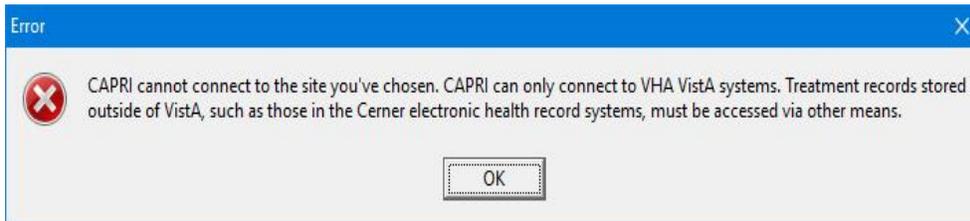
Both indicate the presence of a record, but only the “*CERNER (200CRNR) – Treatment Records Exist*” indicates that there are records available in the EHRM systems that are NOT available in CAPRI. If “*CERNER (200CRNR) – Treatment Records Exist*” is found as a result of an Enterprise Medical Search in CAPRI, the claim must be handled by the pilot program sites. Affected claims require a corporate flash and special handling as indicated in the table to follow:

If an Enterprise search is completed...	Then...
<p>and “<i>CERNER (200CRNR) – Treatment Records Exist</i>” is included in the list of treating facilities</p> <p>Example:</p> 	<ul style="list-style-type: none"> • review and upload relevant records from all VistA sites via CAPRI • place the Veteran-level “<i>EHRM Pilot</i>” corporate flash on the claimant using VBMS, and • complete any other non-VAMC record related permissible development actions.
<ul style="list-style-type: none"> • “<i>CERNER (200CRNR)– Treatment Records Exist</i>” is not shown as a treating facility, and • ERRA directs any non-Separation Health Assessment (SHA) exams to be requested at an EHRM VAMC (Mann-Grandstaff Spokane WA) 	<ul style="list-style-type: none"> • upload a screenshot of the ERRA output • place the Veteran-level “<i>EHRM Pilot</i>” corporate flash on the claimant using VBMS, and • complete all non-VAMC record related permissible development actions.

<ul style="list-style-type: none"> • “Cerner (200CRNR)– Treatment Records Exist” is not shown as a treating facility • an SHA examination is required in support of the claim, AND • ERRA directs exams at an EHRM VAMC (Mann-Grandstaff Spokane WA) 	<ul style="list-style-type: none"> • upload a screenshot of the ERRA output • submit the examination requests to the contract examiner, and • complete all remaining permissible development actions.
<ul style="list-style-type: none"> • “CERNER (200CRNR) - Treatment Records Exist” is not shown as a treating facility, and • the claimant indicates there are non-electronic records at an EHRM VAMC (Mann-Grandstaff Spokane WA) which would require submission of an electronic <i>VA Form 10-7131</i> request 	<ul style="list-style-type: none"> • review and upload relevant records from all VistA sites via CAPRI • place the Veteran-level “EHRM Pilot” corporate flash on the claimant using VBMS, and • complete any other non-VAMC record related permissible development actions.

Notes:

- Non-VAMC record related development actions means development actions that do not involve reviewing/uploading VAMC records or scheduling exams that require review of VAMC records. This may include manually updating the claim suspense dates in VBMS when no further action can be taken on the claim.
- Electronic 10-7131 requests for records in possession of a converted EHRM VAMC site **must** be submitted using the external Cerner application by the pilot program users. Attempts to submit requests via CAPRI will fail and result in claim delays.
- Cerner EHRM records cannot be accessed by selecting the *CERNER (200CRNR) or CERNER (200CRNR)- Treatment Records Exist* treating facility. When attempted, the following message will display:



Appendix B: Scope and Methodology

Scope

The OIG team conducted this review from September 2022 through June 2023. The team obtained data that showed as of August 23, 2022, there were 132,770 unique veterans who had information in the new electronic health records system. Of the 21,057 rating decisions completed for this population, 5,605 claims (27 percent) were either missing a flash or the flash was added after the date VBA staff decided the claim.

The team reviewed a judgmental sample of 30 completed rating decisions associated with closed end products from August 1, 2021, through July 31, 2022, with at least one "Rating Decision Complete" in the "Life Cycle Status" for specific end product series (010, 020, 030, 040, 070, 110, and 310) linked to veterans who had existing records in the new system at the time the decision was made. Each sample was a rating decision as this is where the risk occurs because rating veterans service representatives are responsible for assuring VA's duty to assist is met. An individual veteran may have more than one rating decision associated with a specific claim or have more than one claim in the sample.

Methodology

The review team's methodology focused on whether claims from veterans with records in the new system were identified and routed via an "EHRM Pilot" flash before a claims processor decided the claim.

To accomplish the objective, the team completed these actions:

- Reviewed applicable laws, policies, procedures, and guidelines related to the processing of claims submitted by veterans with records in the new system
- Interviewed and obtained testimonial information from VA's central office managers and staff, VBA's management, and personnel processing claims
- Interviewed managers and staff at VA offices in Muskogee, Oklahoma; Seattle, Washington; and Winston-Salem, North Carolina
- Interviewed representatives from the Oklahoma Department of Veterans Affairs, American Legion, Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars
- Reviewed a judgmental sample of 30 rating decisions of the 5,605 completed that were associated with closed end products from August 1, 2021, through July 31, 2022, to determine if the missing flashes affected veterans' benefits

The team used VBA's electronic systems, including VBMS, to review a sample of veterans' electronic claims folders and relevant documentation to assess whether VBA staff identified veterans with records in the new system.

Fraud Assessment

The review team assessed the risk that fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements, significant within the context of the review objectives, could occur during this review. The team exercised due diligence in staying alert to any fraud by

- soliciting the OIG's Office of Investigations for indicators;
- completing the OIG Fraud Indicators and Assessment Checklist;
- identifying laws, regulations, and procedures related to the review subject matter to help detect noncompliance or misconduct; and
- reviewing relevant OIG hotline complaints for related reports of suspicious activity.

The OIG did not identify any instances of fraud or potential fraud during this review.

Data Reliability

The review team used computer-processed data from VBA's Corporate Database. To test for reliability, the team determined whether any data were missing from key fields, included any calculation errors, or were outside the time frame requested. The team also assessed whether the data contained obvious duplication of records, alphabetic or numeric characters in incorrect fields, or illogical relationships among data elements. The team compared veterans' names, file numbers, claim closed date, end product, rating date, claim label, claimant text, and journal date flash in the sample of 30 decisions reviewed with information from the electronic claims folders. Testing of the data disclosed that they were sufficiently reliable for the review objectives. Comparison of the data with information contained in the veterans' electronic claims folders did not disclose any problems with data reliability.

Sampling Design

The review team selected a nonstatistical, judgmental sample of 30 claims decisions from the population of 5,605 decisions. Nonstatistical samples state a conclusion about the reviewed items only and are insufficient to support a generalized conclusion about a broader project population. The project objective was to evaluate how VBA identified and routed these claims but not to determine the extent of identified issues.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

Appendix C: VA Management Comments

Department of Veterans Affairs Memorandum

Date: July 14, 2023

From: Under Secretary for Benefits (20)

Subj: Office of Inspector General (OIG) Draft Report VA Should Ensure Veterans' Records in the New Electronic Health System are Reviewed before Deciding Benefits Claims [Project No. 2022-03806-AE-0165] — [VIEWS 10477737]

To: Assistant Inspector General for Audits and Evaluations (52)

1. Thank you for the opportunity to review and comment on the OIG draft report: VA Should Ensure Veterans' Records in the New Electronic Health System are Reviewed before Deciding Benefits Claims. The Veterans Benefits Administration (VBA) provides the attached response to the draft report.

The OIG removed point of contact information prior to publication.

(Original signed by)

Joshua Jacobs

Attachment

**Veterans Benefits Administration (VBA)
Comments on OIG Draft Report
VA Should Ensure Veterans' Records in the New Electronic Health System are Reviewed Before
Deciding Benefits Claims**

The Veterans Benefits Administration (VBA) concurs with OIG's findings and provides the following comments in response to the recommendations in the OIG draft report.

Recommendation 1: Conduct national refresher training on the Electronic Health Record Modernization National Process Memorandum and assess its effectiveness.

VBA Response: Concur. VBA will provide training materials on the Electronic Health Record Modernization National Process Memorandum to all appropriate claims processors through the Talent Management System. Level 2 evaluations, which assess the knowledge of the learner against the identified learning objectives of the lesson, will be incorporated to assess the effectiveness of the training.

Target Completion Date: March 31, 2024

Recommendation 2: Consider updating VA Manual 21-4 to reflect that quality assurance measures include addressing failures to consider all VHA records as directed in the Adjudication Procedures Manual that are subject to an enterprise-wide search in the Compensation and Pension Records Interchange (CAPRI) system whether or not directed to those records by the claimant and ensure staff are advised of the changes.

VBA Response: Concur. VBA will update the M21-4 to require claims processors to search CAPRI and upload relevant records even if the claimant does not identify specific treatment at a VA Medical Center.

Target Completion Date: July 31, 2023

*For accessibility, the original format of this appendix has been modified
to comply with Section 508 of the Rehabilitation Act of 1973, as amended.*

OIG Contact and Staff Acknowledgments

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